08740 08747

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
LENGTH OF STAY (in this place) 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) B. (Last) Bozman

4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 19 54

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 26, 1874

9. AGE last birthday 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Davis

14. MOTHER'S MAIDEN NAME Tobitha Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. (If year, give war or dates of service) no

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Mr Lacey Bozman Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4438

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Princess Anne R.F.D. (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Sept 20, 1954, that I last saw the deceased alive on Sept 20, 1954, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Frank Gigante M.D. ADDRESS 20 Prince Wm. St Princess Anne DATE SIGNED 9/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Sept. 23, 1954

NAME OF CEMETERY OR CREMATORY Oriole Cemetery

LOCATION (City, town, or county) (State) Oriole, Maryland

DATE REC'D BY LOCAL REG. 9/23/54

REGISTRAR'S SIGNATURE R. F. Johnson, M.D. ST

24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

RECEIVED
SEP 24 1954
BUREAU V. S.

08741 08748

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 13, Film G172 10-25-54 et

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Garfield (Middle) M. (Last) Corbin

4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 9 1881
9. AGE last birthday 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Stephen Corbin
14. MOTHER'S MAIDEN NAME Rebecca Ebright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 716-12-2912
17. INFORMANT AND ADDRESS Ruth Corbin Chance, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Myocardial Infarction c̄ — 3 months

Antecedent cause(s) Cerebral Thrombosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20th 1954, to Sept 12th, 1954, that I last saw the deceased alive on Sept 10, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edgar G. Marksman ADDRESS Princess Anne, Md DATE SIGNED 9.14.54

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Sept 16 1954
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Chance Md. (State)

DATE REC'D BY LOCAL REG. 9/15/54
REGISTRAR'S SIGNATURE R.H. Johnson M.D.
24. FUNERAL DIRECTOR James Hinman ADDRESS Princess Anne, Md

B.

MARGIN RESERVED FOR BINDING

I

RECEIVED
SEP 17 1954
BUREAU V. S.

08742 08749

MARYLAND STATE DEPARTMETT OF HEALTH

Item 18 FilmG170A 9-27-54 and Item 8,FilmG169 9-14-54 et

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Gale

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Married

8. DATE OF BIRTH: Oct. 8, 1918 Oct. 5, 1954

9. AGE last birthday: 35 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Gale

14. MOTHER'S MAIDEN NAME: Edie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): War II

16. SOCIAL SECURITY NO.: 220-09-1257

17. INFORMANT AND ADDRESS: Edie Gale Waters Allen, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.5

Immediate cause (a) Intestinal obstruction — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) adherians around ileum — 2

(c) appendicectomy ? (Appendicitis operation several years ago.)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dehydration; shock; electrolytes imbalance

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1954, to Sept 5, 1954 that I last saw the deceased alive on Sept 5, 1954 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. W. Elmer, M.D. ADDRESS: Princess Anne Md DATE SIGNED: 9-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial DATE: Sept. 8, 1954 NAME OF CEMETERY OR CREMATORY: Allen Cemetery LOCATION (City, town, or county) (State): Allen, Maryland

DATE REC'D BY LOCAL REG.: 9/7/54 REGISTRAR'S SIGNATURE: K. S. Johnson, M.D. 9T

24. FUNERAL DIRECTOR ADDRESS: Levin P. Wilson Princess Anne, Maryland

RECEIVED
SEP 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08750

08739

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawsonia Section

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
STREET ADDRESS (If rural give location): Lawsonia Section

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) FREDERICK (Last) HUFFMAN

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 5, 1864

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming, general

11. BIRTHPLACE (State or foreign country): Hardy County, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: Mrs. Sadie Huffman—Lawsonia, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: Since July 10 '54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Senility & arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1953, to Sept 4, 1954, that I last saw the deceased alive on Sept 4, 1954, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. B. Rawley M.D. — ADDRESS: Crisfield Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Sept. 6, 1954 — NAME OF CEMETERY OR CREMATORY: Holly Grove Cemetery — LOCATION (City, town, or county) (State): Westover, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-6-54 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

RECEIVED
SEP 14 1954
BUREAU V. S.

08751

MARYLAND 08743

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE. MD. / LIFE TIME
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE MD. / RFD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SUSIE (Middle) (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) 9/19/54 19

5. SEX: female

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/20/1885

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: canning factory

11. BIRTHPLACE (State or foreign country): MT VERNON, MD.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN BOUNDS

14. MOTHER'S MAIDEN NAME: RACHEL HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No. 226-01-8317

17. INFORMANT AND ADDRESS: ELLA V. JONES MT VERNON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Haemorrhage — Interval Between Onset and Death: 3 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Pulmonary Tuberculosis — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap 12th, 19.50, to Sept 19th, 19.54, that I last saw the deceased alive on Sept 17th, 19.54 and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eldon G. Masterman — Princess Anne md — 9.21.54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 9/22/54

NAME OF CEMETERY OR CREMATORY: st Paul

LOCATION (City, town, or county) (State): MT VERNON, MD

DATE REC'D BY LOCAL REG. 9/22/54

REGISTRAR'S SIGNATURE: R.T. Johnson, M.D.

24. FUNERAL DIRECTOR: William H. Janes Jr.

ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08744

CERTIFICATE OF DEATH

08752

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield

LENGTH OF STAY (in this place) 3 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield

STREET ADDRESS (If rural give location) 308 Myrtle St.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) LEE (Last) LEWIS

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 20, 1883

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Whittington Johnson

14. MOTHER'S MAIDEN NAME: Mariah Bedsworth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: George Lewis—308 Myrtle St.—Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5-10-5

Immediate cause (a) Acute intestinal obstruction — Interval Between Onset And Death: 3 weeks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Multiple adhesions — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/28/54

19b. MAJOR FINDINGS OF OPERATION Multiple dense adhesions - necrotic loop of bowel

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1954, to 9/19, 1954, that I last saw the deceased alive on 9/18, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (Degree or title) M.D. ADDRESS Crisfield Md. DATE SIGNED 9/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Sept. 22, 1954 — NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery — LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 9/20/54 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

SEP 22 19[illegible]
BUREAU U. S.

08745

08753

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
MARYLAND
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Otto (Middle) Gillis (Last) Maddox

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 12-1886

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY: C

11. BIRTHPLACE (State or foreign country): Upper Hill Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John H Maddox

14. MOTHER'S MAIDEN NAME: Lubenia Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 217-01-4628

17. INFORMANT AND ADDRESS: Lulia Maddox Upper Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause (b) Chronic Nephrosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Essential Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8, 1953, to 9/6, 1954, that I last saw the deceased alive on 9/5, 1954 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Annie M. Bradford, MD ADDRESS 508-5th Ave Hancock, Md DATE SIGNED 9/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE sept 10-54

NAME OF CEMETERY OR CREMATORY Upper Hill

LOCATION (City, town, or county) (State) Upper Hill Somerset Co Md

DATE REC'D BY LOCAL REG. 9/8/54

REGISTRAR'S SIGNATURE R. E. Johnson, M.D.

24. FUNERAL DIRECTOR Charles H Ward Marion Md ADDRESS

GT

RECEIVED
SEP
BUREAU V. S.

08746

08754

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover R.F.D.
LENGTH OF STAY (In this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nena (Middle) Minnie (Last) Matthews

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (write): Widowed

8. DATE OF BIRTH: Feb 23 1888

9. AGE Last birthday: 66 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Bardonia N. Y.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: William B. Lumbard Sr.

14. MOTHER'S MAIDEN NAME: Julia Riel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service:

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Kate A. Wood Westover Md

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X		
Immediate cause	(a) Cardiac failure	6 hr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Renal Disease	24 yr.
	(c) Chronic Myocarditis	24 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Aug. 2, 1954, to Sept, 1954, that I last saw the deceased alive on Sept 2, 1954, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE: B Frank Grant (Degree or title) M D ADDRESS: 20 Prince Wm St DATE SIGNED: Sept 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Sept 5 1954

NAME OF CEMETERY OR CREMATORY: Manokin Cemetery

LOCATION (City, town, or county) (State): Princess Anne Md

DATE RECD BY LOCAL REG.: 9/4/54

REGISTRAR'S SIGNATURE: R. S. Johnson, M.D.

24. FUNERAL DIRECTOR: Leon B Wilson

ADDRESS: Princess Anne Md.

SEP 9 1934
BUREAU V. S.

08747

08755

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Anne-Rural; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Paczkowski

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 9, 1929

9. AGE last birthday: 25 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.N.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Paczkowski

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) U.S.N.

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: NNRS. Chincoteague Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound fracture L. frontal bone — Interval Between Onset and Death: C

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fracture of other skull bone; Fracture L. femur - Femora; (c) Fracture L. tibia & fibula bones.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 13 (CITY OR TOWN) Near Pocomoke (COUNTY) Somerset (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 12-54 1:30 P.m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. H. Gitterman M.D. (Degree or title) Regularly licensed physician ADDRESS Pocomoke City Md DATE SIGNED Sept 12-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Sept 12-54 NAME OF CEMETERY OR CREMATORY U.S.N. LOCATION (City, town, or county) Chincoteague Va. (State)

DATE REC'D BY LOCAL REG. Sept 12-54 REGISTRAR'S SIGNATURE R. H. Gitterman M.D.

24. FUNERAL DIRECTOR U. S. N. Chincoteague Va. ADDRESS

RECEIVED
SEP 16
BUREAU V. S.

MARYLAND 08748

08756

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 8, Film171 10-7-54 et

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place) 69
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Reed

4. DATE OF DEATH (Month) Sept. (Day) 27 (Year) 1954.

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct. 12, 1885

9. AGE last birthday 1884 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Fairmount

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME William Reed

14. MOTHER'S MAIDEN NAME Lizzie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. 212-16-7936

17. INFORMANT AND ADDRESS Harold Waters-Fairmount, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of esophagus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1953 to 9-28, 1954, that I last saw the deceased alive on 9-27, 1954, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE Geo M Blum MD (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 9-28-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Sept. 29, 1954

NAME OF CEMETERY ~~OR CREMATORY~~ Centennial

LOCATION (City, town, or county) Fairmount, Som. Co. (State) Md.

DATE REC'D BY LOCAL REG. 9/28/54

REGISTRAR'S SIGNATURE R. H. Johnson M.D. JT

24. FUNERAL DIRECTOR Charles H. Ward - Marion Sta., Md ADDRESS Box 235.

MARGIN RESERVED FOR BINDING

1

RECEIVED
SEP 30 1954
BUREAU V. S.

08749 08757

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 261

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion St. Md. LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion St. Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marion St. Md.	STREET ADDRESS: — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Stevenson

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 12

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Sterling

14. MOTHER'S MAIDEN NAME: Mary Ann Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Mary Stevenson Marion St. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary coded — 6 hours

Antecedent cause(s) (b) Chronic Int Nephritis Chronic myocarditis — years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Sep. 27, 1954, that I last saw the deceased alive on Sept. 27, 1954, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE: Guy C Coulbourn M D (Degree or title) — ADDRESS: Marion Sta. Md — DATE SIGNED: Sept. 29-1954

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: Sept 29 1954 — NAME OF CEMETERY OR CREMATORY: St Paul Cemetery — LOCATION (City, town, or county): Rural Marion St. (State) Md.

DATE REC'D BY LOCAL REG.: Sept. 29-1954 — REGISTRAR'S SIGNATURE: Nellie D. Payne — 24. FUNERAL DIRECTOR: James Kinman — ADDRESS: Princess Anne, Md.

OCT 4 1954
BUREAU V

08750 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08758

CERTIFICATE OF DEATH

Item 9, FilmG173 11-17-54 et

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rentina

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MAY H. WATERMAN STROUD

4. DATE OF DEATH: (Month) (Day) (Year) Sept 14 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 16 - 1894
9. AGE last birthday: 59 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore - Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: SIDNEY WATERMAN
14. MOTHER'S MAIDEN NAME: FRANCES SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Alan Stroud - Husband Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 20 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 , to Sept 14, 1954, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 2:00 p, from the causes and on the date stated above.

SIGNATURE Eldon G. Mavrosman (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED 9-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/16/54
NAME OF CEMETERY OR CREMATORY St. Johns M.E.
LOCATION (City, town, or county) Deal Island (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/21/54
REGISTRAR'S SIGNATURE Lola T. Wheatley
24. FUNERAL DIRECTOR L. T. Webster ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 30 1954
BUREAU V. S.

MARYLAND 08751

08759

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Adds (Middle) Ramus (Last) Ward

4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1954

5. SEX Male | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 9, 1877 | 9. AGE Last birthday 77 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer for self | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Hopewell, Som. Co. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Ward | 14. MOTHER'S MAIDEN NAME Catherine Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Adelaide Wms. Marion Sta., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia, Acute Dil of Heart — 12 dys.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) C. Myocarditis - C. Int Nephritis — years

(c) General Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 7, 1954, to Sept. 19, 1954, that I last saw the deceased alive on Sep. 19, 1954, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George L. Coulbourn M D | ADDRESS Marion Sta. Md | DATE SIGNED Sep. 21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept. 22, 1954 | NAME OF CEMETERY OR CREMATORY Hopewell Cemetery | LOCATION (City, town, or county) (State) Crisfield Som. Co. Md.

DATE REC'D BY LOCAL REG. Sep. 21-54 | REGISTRAR'S SIGNATURE Nellie D. Payne | 24. FUNERAL DIRECTOR Chas. H. Ward, Marion Sta., Md. | ADDRESS Box 235.

Mar. 9-1877
54

RECEIVED
SEP 27 1954
BUREAU V. S.